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MR. EARLE's *Treatise on the Hydrocele, in which the Cure by Injection is recommended — 2d Edition, with a Preface in answer to some Objections.*

ALSO

Practical Observations on the Operation for the Stone— 2d Edition, with a Supplement containing the Description of an Instrument calculated to add Facility and Safety to that Operation.

Observations on Hæmorrhoidal Excrescences —— and On the Cure of the Crooked Spine.

By the same Author.

OBSERVATIONS

ON

HÆMORRHOIDAL EXCRESCENCES.

☞ *This* TRACT *is inserted in* Mr. EARLE's *Edition of* Mr. POTT's *Works*.

1790.

OBSERVATIONS, &c.

In the account of Mr. Pott's life I have aſſerted that he had been remarkably ſucceſſful in the treatment of thoſe painful excreſcences which are produced from within the verge of the anus, and the removal of which when large, firm, and indurated, has generally been thought dangerous and unadviſable. Mr. Pott had entertained a deſign of writing on this ſubject, to leſſen the apprehenſion of practitioners, by pointing out in what caſes an operation may be ſafely performed. The method which he employed was not new, it has been deſcribed and recommended by writers, and has been frequently practiſed on piles in a ſmall and flaccid ſtate, but he often aſſerted he knew no one who would attempt to apply it to the advanced ſtate of the complaint; as far as my experience leads me, I believe his aſſertion ſtrictly founded, or if it be practiſed by ſome, it is by no means

generally adopted. During the laſt ten years of Mr. POTT's life he had many opportunities of performing this operation; moſt of the patients I attended with him, and found that ſeveral of them had previouſly conſulted other eminent ſurgeons from whom they had not met with a propoſition for a radical cure; in others the diſeaſe had been abſolutely abandoned as an incurable cancer. For theſe reaſons Mr. POTT thought it a ſubject well worthy of the conſideration of practitioners. It is certainly a diſeaſe which, whoever labours under, muſt lead a miſerable exiſtence, conſequently every attempt towards the relief of it muſt be proportionably valuable. I therefore conceive that a few hints on this ſubject will not be an improper appendix to the foregoing treatiſe, or unacceptable to the reader. As I profeſs only to give a ſketch of the diſeaſe, and ſuch an account of our author's treatment of it, as I can collect from memory, a perfect hiſtory will not be expected from me. I can only undertake to point out its leading characters, and thoſe circumſtances in the operation which chiefly deſerve attention; and ſincerely regret that they

they were not laid before the public in Mr. POTT's ſuperior manner.

The inteſtinum rectum is well known to be ſubject to a variety of diſeaſes, from various cauſes; from its ſtructure, uſe, and office, and from its ſituation, which renders it liable to be preſſed upon by the whole power of the abdominal muſcles: it is alſo ſenſibly affected by its connection with other parts in its vicinity, and it often affects them.

The diſeaſes we are to treat of are tumors originally formed within the rectum, and produced by a diſtention of the hæmorrhoidal veſſels: in this ſtate they are conſidered as inward piles, and give little trouble or uneaſineſs. In more or leſs time the tumors being increaſed in ſize are forced down in going to ſtool, and return back when the abdominal muſcles ceaſe to act; ſoon after, grown larger, they return with difficulty, and require a conſiderable time and preſſure before they will return: by degrees they are more irritable and painful to the touch; at length they become indurated and ſtationary, and are not to be reduced by any means, but are extremely inconvenient, and painful in the greateſt degree. In ſome caſes, while they are

in this ſituation, the ſphincter ani binds ſo tight round their baſis as to produce a mortification of them, and thus effects a natural cure, analogous to that which we recommend.

Mr. POTT obſerved, that it might afford matter of ſurprize to find that ſuch tumors on their firſt production contain nothing but coagulated blood; perhaps this blood, at firſt either ſtagnating in the hæmorrhoidal veſſels, or poſſibly effuſed under the internal coat of the rectum, may, in time, become organiſed; this organic maſs being irritated by frequent and ſevere preſſure, may enlarge and become firm and fleſhy excreſcences: in this ſtate they frequently furniſh a diſagreeable ſanies, or bloody diſcharge, and acquire an irritated, malignant appearance.

There are other tumors produced in this part from various cauſes; as an enlargement of the ſebaceous glands, at the verge of the anus, and excreſcences ariſing from a venereal or cancerous diſpoſition in the habit, which in general are eaſily diſtinguiſhable from thoſe here deſcribed.

The venereal verrucæ or excreſcences are a frequent ſymptom of that poiſon, and are well

well known to practitioners. They differ in every reſpect from the tumors we treat of: the baſis of them is generally broad; they do not ariſe from the inteſtine, nor particularly from the verge of the anus, but indiſcriminately from thence and from the ſkin in the neighbourhood. They are rather flat than elongated: they may be tender to the touch, but, unleſs when exaſperated by ſtimulating applications, are ſeldom productive of pain. In females, the ſame ſpecies of excreſcence frequently ſurrounds the anus, covers the external parts of the labia pudenda and the internal of the thighs, ſeeming to be propagated in moiſt parts by contact: by neglect they ſometimes ſpread over the groins and pubis, making a large fungous maſs, ſeparable into diſtinct excreſcences. It is uſeleſs to attempt the removal of them, until the poiſon be eradicated from the conſtitution, when, though ſometimes obſtinate and liable to reproduction, they may generally be made to ſhrink away by proper topical applications.

Thoſe which ariſe from a cancer within the rectum, and being thruſt out appear externally, are more liable to be confounded with the complaint we mean to deſcribe, as

they reſemble each other in many circumſtances: both are hard, ſwelled, and painful; both at times furniſh a diſagreeable ſanious diſcharge; in both caſes the patients have the ſame leaden pallid countenance. There are however ſome leading features of diſtinction which may be noticed; in the cancerous protruſions the baſis is generally harder, more incompreſſible, and broader; and has its origin higher up in the rectum, commonly occupying the whole circumference of the inteſtine, which ſo ſtraitens the paſſage that the fæces are expelled with difficulty, and are compreſſed into a flat or angular form. In the cancerous affection of the rectum, the parts ſometimes feel ſoft like a rotten ſubſtance. The pain of the cancerous, or malignant fungi, is unremitting; whether they are external, or returned within the ſphincter, the patient is never at perfect eaſe, but complains of ſhooting pains in the region of the loins.

The pain attending the hæmorrhoidal tumors is ſometimes great while they are external; but when this ariſes from the ſtricture of the ſphincter, if they can be returned within the rectum, it ſoon ceaſes. When they have been long protruded in

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an irreturnable ſtate, by degrees they become accommodated to frequent preſſure and unleſs irritated by an acceſs of inflammation to the conſtitution from exerciſe, wine, improper food, or other cauſes, they are commonly not ſo painful as at their firſt exit.

In both ſpecies of tumor anodyne injections give eaſe, but leſs in the cancerous; the return of pain alſo in them is more immediate, more violent and lancinating. In the preſent ſtate of medical knowledge we are confined to a deſcription of this dreadful diſeaſe, any chirurgical attempt to remove it would but aggravate the miſchief.

A protruſion of the rectum is alſo not an uncommon complaint in perſons of a debilitated conſtitution: Mr. POTT obſerved, that people who have accuſtomed themſelves to aloetic purges, are particularly ſubject to this complaint; and he remarked that it is ſometimes only a ſymptom of a generally relaxed ſtate of the internal coat of the inteſtine, through the whole extent of the canal; in which caſe he always recommended the drinking lime-water, which, joined with the bark, he had found to be very materially ſerviceable. He obſerved that this complaint might

might often be entirely removed by anodyne glyſters; but he did not approve of aſtringent applications to the part.

Fortunately the procidentia ani is not eaſily confounded with the complaint we are now conſidering. The two diſeaſes are perfectly diſtinct; the one is a protruſion of the gut, the other is an excreſcence or enlargement of the veſſels at the verge of the anus, protruded in many diſtinct portions or lobes; of a dark, duſky-red colour; and in every reſpect different from the procidentia abovementioned.

When by long continuance and repeated irritations theſe tumors are formed into large unreturnable excreſcences, nothing but the hand of ſurgery can give relief; this is the ſtate of the complaint, in which I think the practice of Mr. POTT deſerves our attention. However large and formidable the appearance of the excreſcences, if there was no ſymptom of cancerous malignity, nor any contra-indication in the conſtitution or habit of the patient, Mr. POTT always recommended the removal of them. Having ſeen profuſe and dangerous hæmorrhages from the uſe of the knife in theſe caſes, particularly in one inſtance,

ſtance, in which the patient nearly loſt his life, he always preferred the ligature. The following was his method of performing the operation:—When the patient, by ſtraining, as if going to ſtool, had forced out the tumors as far as could be done, he laid hold of one of each tumor or lobe, ſeparately, with a blunt double hook, and drew it gently outwards until he diſcovered the baſis of it, which is uſually ſmaller and leſs indurated than the part which has been expoſed to friction; then giving the hook to be held by an aſſiſtant, he ſlipped a ligature, previouſly tied in a looſe knot, as near to the baſis as poſſible: when he was ſatisfied that the ligature comprehended the whole lobe he drew it tight, taking particular care to diſcriminate between the natural ſkin and the tumor: none of the former, however elongated, ſhould ever be included in the ligature; for, when the tumor is removed, this will corrugate and retire to its proper place, while the loſs of any conſiderable portion of it, by contracting and ſtraitning the parts, would create an inconvenience ſeverely felt in riding, or any other exerciſe, and alſo in the natural functions of thoſe parts. In the ſame manner

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Mr. POTT proceeded to treat the remainder of the lobes, one after another, taking care not to include more in each ligature than was neceſſary; if the baſis was very broad, a circumſtance which ſeldom happened, he paſſed a needle armed with a double ligature through the middle, and tied them on each ſide.

In this manner I have ſeen him treat ſucceſsfully ſeveral caſes, in which the tumors had increaſed to a conſiderable magnitude, particularly two, where they were at leaſt from eight to ten inches in circumference; they had been of long ſtanding and were exquiſitely ſenſible. The patients had long been in a ſtate of hopeleſs miſery, almoſt wholly excluded from ſociety, debarred from all exerciſe, and not able to ſit but in a chaiſe percée; the appearances in both theſe caſes were very ſimilar; from the turgidity, at firſt ſight, uniform, but on examination they were divided into diſtinct tumors; which Mr. POTT carefully ſeparated and treated as has been deſcribed. The operation ſucceeded perfectly well in both; and from that time neither of the patients has experienced the leaſt inconvenience, or return of the diſeaſe. I never

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ſaw any kind of miſchief or alarming ſymptom from this method of extirpating this diſeaſe, except in one unfavourable ſubject, who had been liable to complaints about the neck of his bladder; in him the operation brought on a return of his old maladies, ſtrangury and ſuppreſſion of urine, which induced a neceſſity of uſing the catheter for ſome time; but this ſubſided, and left him as ſoon as the tumors were ſeparated. I do not mention this caſe as a prohibition to the operation, but to ſhew that it is right to attend carefully to the parts contiguous, which are liable to be affected by the neceſſary inflammation; that, if the patient has been ſubject to complaints about the bladder, proper care may be taken to obviate and prevent them. Except this, I know of no harm which ever does, or can ariſe from the operation. Particular care ſhould be taken to draw the ligature ſufficiently tight; if it be at all too ſlack, ſome veſſels remaining pervious, the circulation will be continued in ſome part, by which the duration of the pain, and the exiſtence of the tumors will be protracted. In general, the parts loſing their nouriſhment die and drop off in four or five days. I need not mention that a proper antiphlogiſtic

tiphlogiſtic regimen both before and after the operation ſhould be obſerved. An anodyne injection thrown up the rectum half an hour previous to the operation will be efficatious in leſſening the ſubſequent uneaſineſs; a ſoft poultice will be found to be the beſt topical application.

The following caſes were obligingly communicated to me by Mr. Harvey, who attended them with Mr. POTT, and took notes of them at the time; they will greatly tend to elucidate the nature of the complaint, and the excellence of the remedy, which I have endeavoured to deſcribe.

CASE I.

A GENTLEMAN of about fifty years of age, and of a nervous irritable conſtitution, had been during many years of a coſtive habit of body, and generally had recourſe to aloetic pills to procure ſtools. About two years before Mr. POTT ſaw him he firſt perceived a pain and ſwelling within the rectum, which was very troubleſome whenever he attempted to diſcharge his fæces; until at length the difficulty of evacuating them became ſo great, that

that he was obliged to inject oil, and to ſit over the ſteam of warm water, before he could obtain any natural relief. He was obliged to be very ſtrict in his diet, as any food which was apt to occaſion hardened fæces moſt certainly gave him excruciating pain. The frequent ſtrainings had made a prolapſus of the gut habitual; neither could he get rid of the fæces, unleſs the excreſcences were firſt protruded beyond the anus. In this ſituation he travelled from Cork to London for Mr. POTT's advice. I ſhould have obſerved that the ſurgeons he had before conſulted were led to believe, from the uſual remedies for the piles not having benefited him, and from the unalterable hardneſs of the tumors, that they were cancerous. When I firſt ſaw him, he was much weakened by the conſtant irritation, and probably by the continual ichorous diſcharge, which was ſo profuſe as to wet through many folds of linen in the courſe of a few hours. Mr. POTT immediately propoſed the operation for removing them; and in this caſe, as in the others, he preferred doing it by ligature rather than by the knife or ſciſſors: round the anus there hung a looſe flaccid ſkin, which Mr.

POTT

POTT ſuppoſed had been a double fold of the inner coat of the gut protruded, and which had loſt its natural texture and colour. The firſt excreſcence which appeared ſeemed large enough to have filled the circumference of the inteſtine; it had a broader baſis than I have uſually ſince ſeen; therefore Mr. POTT paſſed a double ligature through; and tying them on each ſide left it to ſlough off, which it did in a few days; afterwards two ſmaller ones came forward, were held by the hook, and ſurrounded by the ligature; they alſo came away in the poultices, and the Gentleman returned home in the courſe of three weeks perfectly cured.

The progreſs and ſymptoms of the other caſes were nearly the ſame, therefore I need not be minute in deſcribing them.

CASE II.

MRS.—had been many years dreadfully afflicted with this diſeaſe, and the ſurgeons of the town where ſhe reſided pronounced it abſolutely to be a cancer; her pain prevented her from walking or ſitting upright, and ſhe lay on a ſofa patiently expecting a painful death.

death. Mr. POTT saw her during one of his excursions to Worcester, she followed him to London, and the operation was performed so successfully, that not only the excrescences were removed, but her health and spirits, which were before wretchedly reduced, were again perfectly restored. The excrescence in this case was large, rugged, and unequal in its surface; it had an ulcerous appearance, and very well authorised the opinion which the surgeons in the country had given of it.

CASE III.

A GENTLEMAN between thirty and forty came from Carlisle on account of this complaint to Mr. POTT. I have seldom seen a man more debilitated or nervous; the least surprize made him hysterical: he had laboured under the disease about a year; and, from his peculiar irritability, it was accompanied with spasms at the neck of the bladder, pain in the urethra, and a discharge from the penis, as well as from the rectum, which was also protruded. Two excrescences were removed, and afterwards two lesser ones, not having their support, came forward and were

likewiſe taken away.—This Gentleman ſuffered more pain at, and after the operation, than in any inſtance I have ſeen; he had a ſmall fever, and a great tendency to ſtrangury; with the exhibition of anodyne and proper antiphlogiſtic remedies he recovered, the protruded inteſtine returned, the irritation at the neck of the bladder left him, and he gained a very improved ſtate of health.

I have ſeen many other caſes, but do not recollect any material difference in them from thoſe I have already mentioned.

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